

## 2003 California Children's Services (CCS) Status Report



### Summary

This CCS status report provides data on the cases and dollars spent on Healthy Families Program (HFP) subscribers receiving CCS services for the 2002/03 benefit year. During this period, over 8,000 HFP subscribers were referred by plans to the CCS program and over 16,000 active CCS cases were identified by counties as being HFP subscribers. In addition, expenditures for this period surpassed the combined total expenditures for the previous four benefit years. The increase in HFP/CCS expenditures is attributed not just to the steady increase in referrals made by plans and other sources but also because the largest percentage of HFP/CCS expenditures are for high cost medical conditions such as malignancies (cancer), diseases of the heart and coagulation disorders.

### Background

Children enrolled in the HFP receive comprehensive health, dental and vision services through enrollment in licensed plans that participate in the program. In addition, HFP children with certain physical limitations such as muscular dystrophy and chronic medical conditions such as diabetes receive services through the CCS Program. The CCS Program is a statewide program that arranges, directs, and pays for medical care, equipment, and rehabilitation services.

To ensure coordination of care for HFP subscribers who are eligible for the CCS services, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of Understanding (MOU) for use by HFP participating plans and county CCS programs. Plans participating in the HFP are required to submit an MOU that has been signed by a plan official and a county CCS program official. MOUs are required in every county in which the plan serves the HFP.

All but a few MOUs have been signed. Most of the unsigned MOUs are for counties that became new service areas for existing plans or for a health

plan that converted its HMO product to an EPO product. Community Health Group expanded its service area to cover selected areas of Riverside County, and Universal Care Health Plan has re-entered selected areas of Kern County. Both plans are working with the county CCS programs to obtain signed CCS MOUs. Although not required to sign new MOUs, Health Net elected to sign new MOUs with each CCS county program in which it replaced its HMO product with an EPO.

### Overview of CCS Program

#### Who qualifies for CCS services?

The program is open to anyone who:

- is under 21 years old
- has or may have a medical condition that is covered by CCS
- meets the residential and financial eligibility requirements of CCS
- has HFP coverage and has a CCS eligible condition

A HFP subscriber who meets the CCS medical eligibility criteria is deemed financially eligible for CCS services.

#### CCS eligible medical conditions include the following:

- conditions involving the heart (*congenital heart diseases, rheumatic heart disease*)
- neoplasms (*cancer, tumors*)
- disorders of the blood (*hemophilia, sickle cell anemia*)
- disorders of the respiratory systems (*cystic fibrosis, chronic lung disease*)
- disorders of the genito-urinary systems (*serious kidney problems*)
- endocrine, nutritional, and metabolic disorders (*thyroid problems, PKU or diabetes*)
- disorders of the gastrointestinal system (*chronic inflammatory disease, diseases of the liver such as biliary atresia*)
- serious birth defects (*cleft lip/palate, spina bifida*)

- disorders of the sense organs (*eye problems leading to loss of vision such as glaucoma and cataract, and hearing loss*)
- disorders of the nervous system (*cerebral palsy, uncontrolled epilepsy/seizures*)
- disorders of the musculoskeletal system and connective tissues (*rheumatoid arthritis, muscular dystrophy*)
- severe disorder of the immune system (*HIV infection*)
- disabling conditions or poisonings requiring intensive care or rehabilitation (*severe head, brain, or spinal cord injuries, severe burns*)
- complications of premature birth requiring an intensive level of care
- disorders of the skin and subcutaneous tissue (*severe hemangioma*)
- medically handicapping malocclusion (*severely crooked teeth*)

### **What services are available?**

CCS provides the following services to children who are eligible for the program:

- Medical case management to help get specialty care when medically necessary, and referral to other agencies including public health nursing and regional centers.
- Diagnostic services such as laboratory tests and X-rays.
- Treatment services such as services from a physician, emergency services, hospital services, home health care, high-risk infant follow-up, and other medical services when determined by the CCS program as medically necessary to treat the child's CCS eligible condition.
- Special Care Centers that provide CCS services to CCS children who have special medical conditions that require care from many specialists working together.
- Medical Therapy Program (MTP) which can provide physical therapy (PT) and/or occupational therapy (OT).
- Other therapy services to help parents and children such as counseling to help with stress and worry, transportation to assist with medical needs, and appropriate lodging and meals.

## ***Referrals by Plans***

CCS referral reports received from HFP participating plans for the 2002/03 benefit year indicate that the total number of CCS referrals made by participating plans increased by 35% from 6,368 to 8,579 (See Table 1.) Referrals as a percentage of plan enrollment increased by 0.16% compared to referrals made in the 2001/02 benefit year. Of the 8,579 referrals that were made, approximately 85.5% came from health plans, over 14.5% came from dental plans and less than 0.1% came from the vision plan.

For the 2001/02 through 2002/03 benefit years, there were five plans that had a notable increase in the number of referrals as a percentage of their HFP enrollment. Health Net, UHP and Santa Barbara Regional Health Authority attribute the increase to improved identification of children who are potentially eligible for CCS services. Inland Empire Health Plan and Santa Clara Family Health Plan attribute their increase to the use of specially trained staff involved in managing CCS cases.

For the 2001/02 through the 2002/03 period, there was also a notable decrease in the number of CCS referrals as a percentage of total plan enrollments for four plans (San Francisco Health Plan, Kern Family Health Care, Community Health Group, and Universal Care Dental Plan). These plans attribute this decrease to an increased understanding of CCS eligibility criteria, resulting in referrals of only those children who have conditions that meet CCS eligibility criteria.

**Table 1**  
**CCS Referrals by Participating HFP Plans<sup>1</sup>**

Plan Name	Total # of HFP Enrollees as of 6/30/02	Total # of CCS Referrals as of 6/30/02	Referrals as % of Plan Enrollment as of 6/30/02	Total # of HFP Enrollees as of 6/30/03	Total # of CCS Referrals as of 6/30/03	Referrals as % of Plan Enrollment as of 6/30/03
<b>Health Plans</b>						
Alameda Alliance for Health	7,330	11	0.15%	9,301	32	0.34%
Blue Cross (HMO and EPO)	221,105	1,967	0.89%	258,973	2,018	0.78%
Blue Shield (HMO and EPO)	36,856	97	0.26%	38,115	361	0.95%
CalOPTIMA Kids	23,359	436	1.87%	32,814	529	1.61%
Care 1st Health Plan	4,321	20	0.46%	6,217	10	0.16%
Central Coast Alliance for Health	1,510	6	0.40%	1,674	17	1.02%
Community Health Group	16,571	183	1.10%	19,520	315	1.61%
Community Health Plan	24,503	253	1.03%	27,732	262	0.94%
Contra Costa Health Plan	2,288	11	0.48%	2,876	12	0.42%
Health Net (HMO and EPO)	78,927	894	1.13%	94,385	1,753	1.86%
Health Plan of San Joaquin	7,884	28	0.36%	8,111	57	0.70%
Health Plan of San Mateo	1,415	0	0.00%	2,129	6	0.28%
Inland Empire Health Plan	24,524	37	0.15%	29,116	400	1.37%
Kaiser Permanente	38,629	131	0.34%	57,684	209	0.36%
Kern Family Health Care	5,793	214	3.70%	7,290	230	3.16%
L.A. Care Health Plan	7,658	178	2.32%	7,833 <sup>2</sup>	127	1.62%
Molina Healthcare of California	11,418	94	0.82%	13,907	155	1.11%
San Francisco Health Plan	5,478	123	2.25%	5,779	38	0.66%
Santa Barbara Regional Health Authority	1,643	16	0.97%	1,819	34	1.87%
Santa Clara Family Health Plan	10,435	84	0.80%	12,210	235	1.92%
Sharp Health Plan	17,481	148	0.85%	19,996	185	0.93%
UHP Healthcare	2,038	24	1.18%	2,239	65	2.90%
Universal Care	8,101	133	1.64%	10,692	186	1.74%
Ventura County Health Care Plan	3,347	101	3.02%	3,379	91	2.69%
<b>Total</b>	<b>562,614</b>	<b>5,189</b>	<b>0.92%</b>	<b>666,984</b>	<b>7,332</b>	<b>1.10%</b>
<b>Dental Plans</b>						
Access Dental	75,242	256	0.34%	107,995	411	0.38%
Delta Dental	355,584	521	0.15%	381,467	448	0.12%
Health Net Dental	92,439	107	0.12%	119,544	156	0.13%
Premier Access	15,567	8	0.05%	19,145	34	0.18%
Universal Care Dental	23,782	284	1.19%	38,830	194	0.50%
<b>Total</b>	<b>562,614</b>	<b>1,176</b>	<b>0.21%</b>	<b>666,984</b>	<b>1,243</b>	<b>0.19%</b>
<b>Vision Plan</b>						
Vision Service Plan	562,614	3	<0.01%	666,984	4	<0.01%
<b>Total</b>	<b>562,614</b>	<b>3</b>	<b>&lt;0.01%</b>	<b>668,984</b>	<b>4</b>	<b>&lt;0.01%</b>
<b>TOTAL FOR ALL PLANS</b>	<b>562,614</b>	<b>6,368</b>	<b>1.13%</b>	<b>666,984</b>	<b>8,579</b>	<b>1.29%</b>

**Data Sources:** CCS quarterly referral reports submitted to MRMIB by participating HFP plans and HFP monthly enrollment reports

<sup>1</sup> Referrals include only those children who were referred to CCS from a HFP participating plan. Referrals of HFP children to CCS may come from other sources, such as schools and families and are not reflected in the table.

<sup>2</sup> Enrollment data is as of 4/5/03 which is prior to the HFP open enrollment period. LA Care Health Plan discontinued its participation in the HFP on 7/1/03.

**Table 2**  
**Active HFP CCS Cases by County**

County	# of Enrollees as of 6/30/03	% of Enrollees as of 6/30/03	# of HFP CCS Active Cases	Active Cases as % of County Enrollees
Alameda	15,339	2.21%	334	2.18%
Amador	336	0.05%	8	2.38%
Alpine	5	<0.01%	0	0.00%
Butte	3,048	0.46%	84	2.76%
Calaveras	518	0.08%	12	2.32%
Colusa	1,267	0.19%	39	3.08%
Contra Costa	7,870	1.18%	152	1.93%
Del Norte	457	0.07%	6	1.31%
El Dorado	2,249	0.34%	55	2.45%
Fresno	18,605	2.79%	563	3.03%
Glenn	1,020	0.15%	34	3.30%
Humboldt	2,265	0.34%	62	2.74%
Imperial	3,675	0.55%	92	2.50%
Inyo	257	0.04%	4	1.56%
Kern	16,225	2.43%	349	2.15%
Kings	2,824	0.42%	47	1.66%
Lake	1,476	0.22%	37	2.51%
Lassen	290	0.04%	4	1.38%
Los Angeles	194,622	29.18%	4,926	2.53%
Madera	2,991	0.45%	83	2.77%
Marin	1,941	0.29%	41	2.11%
Mariposa	242	0.04%	4	1.65%
Mendocino	1,930	0.29%	85	4.40%
Merced	5,820	0.87%	195	3.35%
Modoc	136	0.02%	2	1.47%
Mono	354	0.05%	29	8.19%
Monterey	12,357	1.85%	299	2.42%
Napa	1,577	0.24%	44	2.79%
Nevada	1,971	0.30%	59	2.99%
Orange	66,290	9.94%	1,746	2.63%
Placer	2,660	0.40%	71	2.67%
Plumas	277	0.04%	4	1.44%
Riverside	46,626	6.99%	997	2.14%
Sacramento	16,032	2.40%	292	1.82%
San Benito	1,290	0.19%	26	2.02%
San Bernardino	47,992	7.20%	822	1.71%
San Diego	57,111	8.60%	1,363	2.39%
San Francisco	10,660	1.60%	229	2.15%
San Joaquin	13,880	2.08%	502	3.62%
San Luis Obispo	3,833	0.57%	152	3.97%
San Mateo	6,495	.97%	127	1.96%
Santa Barbara	7,797	1.17%	166	2.13%
Santa Clara	20,907	3.13%	459	2.20%
Santa Cruz	4,355	0.65%	158	3.63%
Shasta	3,959	0.59%	93	2.35%
Sierra	36	0.01%	2	5.56%
Siskiyou	601	0.09%	32	5.32%
Solano	3,635	0.54%	42	1.16%
Sonoma	6,996	1.05%	283	4.05%
Stanislaus	9,161	1.37%	235	2.57%
Sutter	2,533	0.38%	136	5.37%
Tehama	1,189	0.18%	43	3.62%
Trinity	292	0.04%	14	4.79%
Tulare	10,260	1.54%	329	3.21%
Tuolumne	863	0.13%	36	4.17%
Ventura	15,665	2.35%	531	3.39%
Yolo	2,475	0.37%	57	2.30%
Yuba	1,447	0.22%	72	4.98%
<b>Total</b>	<b>666,984</b>	<b>100%</b>	<b>16,668</b>	<b>2.50%</b>

**Data Sources:** DHS CMS Branch, CCS paid claims and HFP enrollments data

In comparison to the 2001/02 benefit year, the number of HFP/CCS active cases as a percentage of total HFP enrollments has decreased by less than 1% in the 2002/03 benefit year. As of June 30, 2003, there were 16,668 active HFP/CCS cases representing 2.5% of HFP enrollees. In the 2001/02 benefit year, 17,300 HFP children were identified as active CCS cases, representing 3.1% of the HFP population. According to State CCS program staff, a change to a more accurate mechanism for collecting data may have accounted for the decrease in the number of active cases reported for the 2002/03 benefit years.

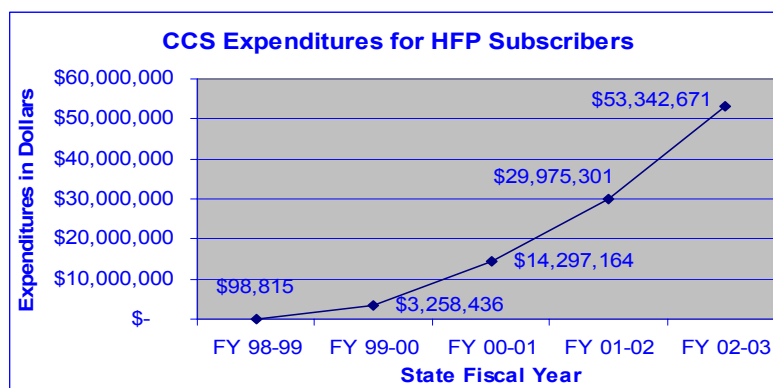
The counties with the highest number of active HFP/CCS cases are Los Angeles (4,926), Orange (1,746), San Diego (1,363), Riverside (997), and San Bernardino (822). The number of active cases in these five counties represented 59% of the total HFP CCS active cases. This was a change from the 2001/02 benefit period when Los Angeles, San Joaquin, Orange, San Diego, and Fresno were the five counties with the highest number of active HFP/CCS cases.

Mono County had a significantly larger number of active CCS cases (as a percentage of county enrollees) than other counties. Mono County CCS staff attributes the high number of active cases in the county to the CCS county staff actively ensuring that children who are receiving CCS services are enrolled in the HFP when they are determined to be eligible.

### Expenditures for CCS Services

Since the inception of the HFP, expenditures for CCS related services have increased steadily. Total dollars spent for the 2002/03 fiscal year is 78% more than the total expenditures for the prior fiscal year. In the 2002/03 fiscal year, the HFP/CCS average cost per active case is \$3,200. The 2002/03 HFP/CCS average cost per active case increased by 85% in comparison to the average cost in 2001/02. Total dollars spent since program inception were approximately \$100.9 million. Sixty-five percent federal, 17.5% state, and 17.5% county funds are used to pay for CCS services provided to children enrolled in the HFP. For HFP subscribers whose family income is determined to be over the \$40,000 CCS financial eligibility requirement, the county's financial responsibility for payment of services is waived. For these children, only state and federal funds are used to pay for CCS services.

**Chart 1**



*Data Source: Department of Health Services accounting records*

### Expenditures by Claims Type

The majority (56%) of claims paid for HFP/CCS children are for inpatient facilities. While the percentage of inpatient claims paid based on total CCS expenditures dropped by 7%, (63% of total CCS claims paid for 2001/02 benefit year was to inpatient services), CCS expenditures for the medical/physician services portion of inpatient claims have increased by 7%. The increase in paid medical/physician services claims is partly due to the 39.7% rate adjustment that was made in the spring of 2003 to CCS paneled physicians.

Table 3 shows the breakdown of HFP/CCS expenditures paid by claim types.

**Table 3**

Claims Paid by Claims Type		
Benefit Year 2002/03		
Claim Type	Total Dollars Paid	Dollars as % of Claims Paid
Pharmacy	\$4,792,258	9%
Inpatient	\$30,027,310	56%
Outpatient <sup>3</sup>	\$3,350,804	6%
Medical/Physician <sup>4</sup>	\$15,239,422	29%
Vision	\$22,850	.04%
Others <sup>5</sup>	\$650	<.001%
<b>Total</b>	<b>\$53,433,295</b>	<b>100%</b>

**Data Source:** Department of Health Services CMS Branch, CCS paid claims

*Note: The difference in total expenditures shown in Chart 1 and Table 3 is due to variances in the calculation of expenditures between the two data sources.*

<sup>3</sup> Includes \$1,519,402 for durable medical equipment (DME) and medical supplies

<sup>4</sup> Includes \$1,183,004 for orthodontic services, \$152,115 for dental services and \$3,829,507 which represents payments to physicians in the spring of 2003 to account for the 39.7% rate adjustment that had not been previously applied to claims for physician services provided to CCS/HFP children

<sup>5</sup> Refers to dollars paid for unknown claims type because wrong claim codes were used

# Expenditures by County

Table 4

## Claims Paid by County

County	7/1/99-6/30/02	7/1/02-6/30/03	Total Claims Paid as of 6/30/03
Alameda	\$1,464,713	\$1,064,068	\$2,528,781
Amador	\$163,225	\$50,819	\$214,044
Alpine	\$69	0	\$69
Butte	\$667,011	\$346,162	\$1,013,173
Calaveras	\$97,898	\$16,085	\$113,983
Colusa	\$158,127	\$95,594	\$253,721
Contra Costa	\$601,709	\$519,739	\$1,121,448
Del Norte	\$40,038	\$151,996	\$192,034
El Dorado	\$1,361,939	\$929,313	\$2,291,252
Fresno	\$1,369,497	\$1,342,046	\$2,711,543
Glenn	\$115,200	\$86,924	\$202,124
Humboldt	\$355,811	\$459,803	\$815,6148
Imperial	\$458,105	\$338,793	\$796,898
Inyo	\$12,612	\$3,477	\$16,089
Kern	\$61,480	\$805,167	\$866,647
Kings	\$327,394	\$609,952	\$937,346
Lake	\$60,686	\$108,275	\$168,961
Lassen	\$6,995	\$6,829	\$13,824
Los Angeles	\$10,109,464	\$13,094,938	\$23,204,402
Madera	\$597,050	\$401,785	\$998,835
Marin	\$214,365	\$102,948	\$317,313
Mariposa	\$232,638	\$101,870	\$334,508
Mendocino	\$200,141	\$82,258	\$282,399
Merced	\$864,964	\$551,874	\$1,416,838
Modoc	\$8,492	\$6,333	\$14,825
Mono	\$58,921	\$32,795	\$91,716
Monterey	\$1,948,972	\$1,712,245	\$3,661,217
Napa	\$40,356	\$118,741	\$159,097
Nevada	\$315,513	\$385,883	\$701,396
Orange	\$1,307,362	\$5,718,762	\$7,026,124
Placer	\$380,045	\$209,916	\$589,962
Plumas	\$44,360	\$5,437	\$44,360
Riverside	\$4,097,944	\$3,365,204	\$4,097,944
Sacramento	\$473,344	\$739,902	\$1,213,246
San Benito	\$190,898	\$91,053	\$281,951
San Bernardino	\$3,183,418	\$3,234,908	\$6,418,326
San Diego	\$5,781,689	\$5,674,118	\$11,455,807
San Francisco	\$709,802	\$611,529	\$1,321,331
San Joaquin	\$791,007	\$859,008	\$1,650,015
San Luis Obispo	\$511,647	\$241,517	\$753,164
San Mateo	\$0	\$24,800	\$24,800
Santa Barbara	\$921,776	\$775,536	\$1,697,312
Santa Clara	\$2,184,081	\$1,705,903	\$3,889,984
Santa Cruz	\$389,400	\$223,945	\$613,345
Shasta	\$317,389	\$377,850	\$695,239
Sierra	\$1,363	\$437	\$1,800
Siskiyou	\$22,978	\$48,645	\$71,623
Solano	\$12,382	\$137,096	\$149,478
Sonoma	\$90,127	\$840,089	\$930,216
Stanislaus	\$1,163,653	\$1,016,133	\$1,163,653
Sutter	\$300,002	\$249,937	\$549,938
Tehama	\$159,815	\$67,708	\$227,523
Trinity	\$30,832	\$30,999	\$61,831
Tulare	\$626,799	\$578,476	\$1,205,275
Tuolumne	\$318,352	\$139,835	\$458,187
Ventura	\$1,294,044	\$1,191,416	\$2,485,459
Yolo	\$202,532	\$121,324	\$323,856
Yuba	\$294,708	\$487,189	\$781,897
State only <sup>6</sup>	\$230,090	\$1,121,966	\$1,352,056
Counties Unknown	\$60,431	\$15,946	\$76,377
<b>Totals</b>	<b>\$48,005,665</b>	<b>\$53,433,295</b>	<b>\$101,438,960</b>

The total CCS payments made to counties for CCS services provided in benefit year 2002/03 is 11% more than the combined total dollars paid to counties for CCS services provided during the prior three benefit years as shown in Table 4. The counties with the highest expenditures as a percentage of total dollars for benefit years 2002/03 are Los Angeles (25%), Orange (11%), San Diego (11%), Riverside (6%), and San Bernardino (6%). In the 2001/02 benefit year, Los Angeles, San Diego, San Bernardino, Riverside and Santa Clara were the five counties with the highest expenditures.

*Note: The difference in total expenditures shown in Chart 1 and Table 4 is due to variances in the calculation of expenditures between the two data sources.*

**Data Source:** Department of Health Services CMS Branch, CCS paid claims

<sup>6</sup> Refers to HFP expenditures for subscribers whose family income exceeds the \$40,000 CCS financial eligibility requirement and where the county's responsibility for payment of CCS services is waived.

## HFP CCS Expenditures by Eligible Conditions

Table 5 shows HFP/CCS expenditures by major diagnostic category. In the 2002/03 fiscal year, HFP/CCS expenditures for malignancies increased by 4% in comparison to a 120% increase in 2001/02. However, malignancies still account for the highest expenditure (12%) among HFP members as a percentage of the total HFP/CCS expenditures for 2002/03. Diseases of the heart (10%) and coagulation disorder (7%) account for the second and the third highest expenditures among major diagnostic categories for the 2002/03 fiscal year. Additionally, since the inception of the HFP, malignancies (13%), diseases of the heart (11%), and coagulation disorders (7%) have accounted for the three highest expenditures among HFP members.

Since the program's inception, the total CCS dollars spent for "other conditions" is \$37,093,672. "Other conditions" include those CCS eligible conditions that are not specifically listed in Table 5. Examples of these are congenital anomalies, infections that are eligible under certain conditions, and neurological disorders. "Other conditions" also refer to conditions that are resulting from, or are exacerbating a CCS eligible condition. Examples include ear infection in a child with cleft palate, and pneumonia in a child with bronchopulmonary dysplasia (BPD) or chronic lung disease in children.

**Table 5**  
**CCS EXPENDITURES BY ELIGIBLE CONDITIONS**

	FY 1999/01	FY 2001/02	FY 2002/03	Total Expenditures
<b>Medical Conditions</b>				
Malignancies	\$2,865,085	\$6,293,806	\$6,542,544	\$12,836,350
Thyroid disorders	\$13,018	\$51,419	\$102,239	\$153,658
Diabetes	\$248,876	\$701,070	\$980,416	\$1,681,486
Immune disorders	\$7,434	\$20,182	\$156,000	\$176,182
Pituitary disorders	\$18,317	\$32,287	\$386,600	\$418,887
Metabolic disorders	\$27,585	\$395,265	\$1,228,093	\$1,623,358
Cystic fibrosis	\$160,009	\$280,620	\$648,291	\$928,911
Hemoglobinopathies	\$93,673	\$211,366	\$56,787	\$268,153
Coagulation disorders	\$1,375,709	\$3,499,734	\$3,875,417	\$7,375,151
Cerebral palsy	\$212,259	\$368,464	\$401,316	\$769,780
Myopathies	\$52,135	\$204,921	\$81,397	\$286,318
Ophthalmology	\$111,903	\$3,037,626	\$600,000	\$3,637,626
ENT (Ear, Nose, Throat)	\$243,505	\$717,386	\$847,000	\$1,564,386
Cardiac	\$1,728,217	\$4,584,561	\$5,109,398	\$11,127,105
Asthma	\$127,661	\$196,479	\$157,185	\$353,664
Dental	\$288,645	\$917,905	\$1,378,706	\$2,296,611
Intestinal	\$136,476	\$250,408	\$900,365	\$1,150,773
Renal	\$401,442	\$1,071,371	\$928,000	\$1,999,371
Joint disorders (acute and chronic)	\$148,341	\$435,001	\$211,800	\$646,801
Spina bifida	\$61,097	\$169,375	\$234,000	\$403,375
Cleft palate/lip	\$118,273	\$359,510	\$566,000	\$925,510
Head injury	\$403,097	\$1,176,170	\$1,684,000	\$2,860,170
Other fractures	\$523,269	\$1,852,359	\$2,252,000	\$4,104,359
Other trauma	\$759,679	\$3,042,651	\$3,463,000	\$6,505,651
Other conditions	\$7,293,263	\$17,884,077	\$20,642,740	\$37,093,672
<b>Total expenditures</b>	<b>\$17,418,967</b>	<b>\$47,754,013</b>	<b>\$53,433,295</b>	<b>\$101,187,308</b>

**Data Source:** DHS CMS Branch, CCS paid claims

### Acknowledgements

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